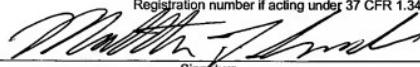


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
<b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>027483-000100US</b>	
Application Number 10/823,353		Filed April 13, 2004	
For SAME PLANE MULTIPLE THERMOELECTRIC MOUNTING SYSTEM			
Art Unit 1795		Examiner Hall, Asha J.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 230
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<p><input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> <b>The Director has already been authorized to charge fees in this application to a Deposit Account.</b></p> <p><input checked="" type="checkbox"/> <b>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</b></p>			
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>			
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <small>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</small> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 58,696 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number if acting under 37 CFR 1.34 _____</small>		
 Signature		July 7, 2008 Date	
Matthew T. Sarles, Reg. No. 58,696 Typed or printed name		(303) 571-4000 Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> Total of _____ forms are submitted.			